

HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT

LOVE, CARE & DIGNITY, Inc.

May 16, 2007

SITE REVIEW TEAM:

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Survey Outcome: One-Year Certification Expires November 30, 2007.

OVERVIEW OF STANDARDS

Home and Community Based Services (HCBS) Waiver providers are required to meet specific sets of standards to assure that the quality of services and the health and safety of persons receiving services are maintained and monitored. First, all Medicaid providers are required to adhere to Wyoming Medicaid rules and regulations. In addition, the Wyoming Developmental Disabilities Division (DDD) requires that Home and Community Based Services Waiver providers serving three or more individuals must obtain and maintain the Commission on Accreditation of Rehabilitation Facilities' (CARF) accreditation. The Centers for Medicare and Medicaid Services (CMS), who approve the waivers and have monitoring responsibilities, have developed the HCBS Quality Framework to provide additional guidance to states in how CMS will monitor HCBS Waivers. Finally, the Developmental Disabilities Division has developed specific rules, policies and procedures to assure that providers meet applicable Federal, State and Division requirements.

SURVEY SUMMARY

The Developmental Disabilities Division has oversight responsibilities for three home and community based waivers: the Adult Developmental Disabilities Waiver, the Children's Developmental Disabilities Waiver, and the Acquired Brain Injury Waiver. The Program Integrity Unit of the Division annually monitors and recertifies all CARF accredited organizations. The survey and recertification process continues to focus on standards that pertain to health, safety and the rights of persons served. This recertification process requires an on-site visit to the organization and includes the following elements:

- Review of documentation, including policies and procedures, emergency drills, internal and external inspections, incident reports, staff notes, billing, schedules and case management documentation
- Interviews with persons served, families, guardians and provider staff
- Follow-up visits to persons served involved in critical incidents or who have significant changes in health or health concerns
- Verification that appropriate levels of services are in place for persons served who have received a forced rate, which is a rate higher than the individual budget amount (IBA)

Included in this report is an overview of the provider agency that was surveyed, Love, Care & Dignity, Inc. (LCD), a more detailed description of each focus area of the survey and a summary of the standards that pertain to that area. Following each summary of the standards are the findings of the survey, including exemplary practices, suggestions and recommendations. The site survey process included visits to the homes, day habilitation programs, employment settings, and other service settings of persons served to observe services being provided and to verify that appropriate health and safety supports were in place in these settings.

PROVIDER SUMMARY:

Love, Care, & Dignity, Inc. evolved out of a commitment made by our founders, Connie & Jarred Launer. The commitment required them to open their home and devote their time, attention, and resources to an individual in search of meaningful services. LCD has grown to include Day Habilitation, Residential Habilitation, Residential Habilitation Training, Skilled Nursing, In-Home Support, and Respite Services. LCD designs its services to promote growth and development centered on personal choice and focuses on an ultimate goal of self-actualization for all persons served.

PROVIDER'S HIGHLIGHTED SERVICE AREA:

In the past year LCD has seen growth in our Respite Services. We have a newly remodeled service area designed to be inviting and functional as well as personalized to fit the individuals receiving respite. We have a dedicated staff member that does an excellent job in the areas of academics, social skills, and personal development. Persons served and parents are really excited about the positive direction that our respite program is going in, and LCD looks forward to continual improvement and growth.

A. IMPLEMENTATION OF INDIVIDUAL PLANS OF CARE (IPCS)

1. Applicable Standards

The IPC is written by the person's served case manager with input from the person's team. The plan includes specific information on a person's wants and needs, medical supports, mealtime guidelines, positioning and adaptive equipment needs, behavioral needs, rights, goals and supervision/staffing levels. The IPC is the guide for how services should be provided and monitored.

Providers are required to provide services based on the individual plans of care (IPC) for persons served, which is considered a legal document created by the team (*Chapter 34 Medicaid Rules, Adult, ABI Provider Manual*).

2. Description of Survey Process

A random sample of persons served names is selected before the site survey and their IPC's are reviewed to identify what services and supports should be in place. During the on-site survey, the persons served are visited in various service settings, including residential, day habilitation, and employment. Persons served and/or their families, provider staff, and case managers are interviewed.

Persons' served files are also reviewed. Details of the review are below:

- Incident reports are reviewed to determine if incidents met the criteria of the Division's Notification of Incident Process, to identify any trends in health or safety, and to verify that incidents were appropriately handled by the organization. (*DDD Notification of Incident process, CARF Section 1:E: 10, ISC Rules*)
- Universal objective pages are reviewed to verify that the objectives were measurable, meaningful to the person served, and that progress on objectives was documented and tracked. (*Adult, ABI Waiver Manuals*)
- Emergency information is reviewed to verify that the information is current, comprehensive, and available to staff in case of an emergency. (*CARF Section 1:E: 9*)
- Schedules are reviewed to verify that they are being followed, that they include documentation of outings and activities that link back to the interests of the person served when applicable, and that the schedule matches the original schedule submitted to the Division for approval. (*Adult, ABI Waiver Manuals*)
- Documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.I.6 & 7*)

3. Results of Review of LCD's Implementation of IPC's

- LCD is not certified for case management and is not directly responsible for developing any of the individual plans of care. LCD is participating in their tracking, monitoring, and implementation, including input at team meetings. Four files of persons served were reviewed. No concerns were identified after reviewing the files of Participant A and B.

Participant C did not have releases of information that were time limited. Participant C's day hab and res hab objectives were identical and word for word from the previous year. Participant D expressed a desire to be involved with "People First" again. She also desires to increase her independence to live alone again. Survey staff reviewed Participant D's files and found that the nursing documentation had multiple clients' nursing notes intermingled on one form.

Suggestions:

- It is suggested that LCD to pursue an increased quality in the objectives for participants to be client specific, meaningful, and measurable; this would require assisting the ISC and the Division to accomplish this goal.

Recommendations:

- It is recommended that LCD resolve all participants' releases of information to be time limited. Because this was recommended at last year's site survey, a sample form to correct this issue will be sent to the lead surveyor at the Division by January 15, 2007.
- It is recommended that LCD address the voiced desires of Participant D at her next team meeting. Submit documentation to the lead surveyor one week after the meeting. If an ARS attends this team meeting, the ARS can submit the team meeting report to the lead surveyor that this request was addressed.
- It is recommended that all LCD participants' nursing notes be client specific and filed individually to comply with HIPPA, Medicaid and Waiver rules. This will be checked at next year's site survey.

B. BILLING DOCUMENTATION

1. Applicable Standards

All providers providing services on home and community based waivers must be able to present substantiation of billing for services they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

2. Description of Survey Process

Documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.1.6 & 7*)

3. Results of Review of LCD's Billing Documentation

A sample of billing and documentation of services for day habilitation, skilled nursing, in-home support and respite services were reviewed for the past six months. There were no concerns found with documentation matching the billing. LCD staff are consistently using military time for accurate time in and time out. LCD presented the Division a letter from ACS that they have had only one percent denial for the previous year and two percent denial for this fiscal year.

Exemplary Practices:

- The division recognizes the exemplary practice by LCD for having such a small percentage of denials in submitting to ACS.

Commendations:

- It is a commendable change for LCD to have staff consistently use military time for accurate documentation.

Suggestions:

- It is suggested that LCD look at their client filing system to have the best business practices by using a table of contents and archive documentation on a regular basis.

Recommendations:

- None.

C. STAFF QUALIFICATIONS AND TRAINING**1. Applicable Standards**

All providers providing services on home and community based waivers are required to meet specific qualifications depending on the service they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

CARF accredited provider organizations are required to assure that staff receive the training and support needed to work successfully with persons served (*CARF Section 1. F.4*).

The Developmental Disabilities Division also requires, background checks for staff working directly with persons served and, for the Adult DD Waiver, that providers document each direct service staff member's training on the following issues for each person served he/she works with:

- Medication monitoring/administration
- Adaptive equipment
- Positioning needs
- Special diet
- Behavior plan protocol

2. Description of Survey Process

Surveyors review staff files for the following:

- Results of background checks
- Verification of staff qualifications
- Current CPR/1st Aid certification
- Verification that client specific training was completed if required

3. Results of Review of LCD's Staff Qualifications and Staff Training

The Division reviewed a sample of LCD's staff files and interviewed staff to verify that the standards are being met. All staff files had verification that the staff met the qualifications for the services they were providing. All files reviewed included results of background checks, only lacking one that had not been returned from the state. All staff have current CPR and First Aid certification and client specific training, when required. The staff files contained all of the requested information and were easily found.

In addition, five staff was interviewed to determine if they had a solid working knowledge of the persons served. All of the LCD staff were able to articulate the needs of the people they were working with, including their medical, behavioral, and supports the person required.

Commendations:

- The Division commends LCD for training staff effectively so that they were able to articulate all the client specific information to the survey staff and presumably performing at a more professional level in the interests of the participants.

D. INCIDENT REPORTING

1. Applicable Standards

CARF Standards require that the organization define a system to report critical incidents that includes specific categories of incidents. The Developmental Disabilities Division further requires that critical incidents be reported to the Division, as well as to the Department of Family Services, Wyoming Protection and Advocacy, the guardian, the Individually-selected Service Coordinator and the police (if there is a suspicion that a crime has been committed) immediately after assuring the health and safety of the individual. CMS' HCBS Quality Framework includes a review of critical incident management, with the desired outcome that there are systemic safeguards in place to protect participants from critical incidents and other life-endangering situations.

2. Survey Process

The survey process included the following reviews to assess if the provider is meeting the standards.

- A review of the provider organization's incident reporting policy and procedure to assure that it includes the Division Notification of Incident process, including reporting criteria, timeframes and notification processes
- A review of internal incident reports and reports submitted to the Division to assure that all incidents are reported according to the standards and that action steps are taken to address incidents
- Interviews with provider staff in all applicable service settings to determine if they are aware of the appropriate steps to take if an incident occurs

3. Results of Review of LCD's Incident Reporting

Four persons served incident reports were reviewed. All incidents were reported appropriately when met the Division's level of incident reporting. Participant C had a number of internal incident reports that were not signed by a supervisor nor the director that anyone had reviewed them. There were at times no comments or documented follow-up in these as well.

Only three of five staff interviewed were able to articulate criteria for incidents and to whom they were required to report to. Survey staff examined LCD's policies and procedures for incident reporting that did not include how to contact all of the required agencies. A sample form was also not included.

Suggestions:

- It is suggested that LCD include a sample form of the Division's incident report in your policies and procedures and have that sample report available in all service sites.

Recommendations:

- It is recommended that LCD follow their procedure for reviewing documentation and incident reports, including documentation of all follow-up. This will be checked at next year's site survey.
- It is recommended that LCD include how to contact all agencies required, including phone or fax numbers and the web address for the online submission form to the Division. This will be checked at next year's site survey.

E. REVIEW OF RIGHTS OF PERSONS SERVED

1. Applicable Standards

Providers are required to promote persons served rights, including the right to privacy, the right to be free from abuse, neglect, exploitation, and the right to confidentiality of information. In addition, providers are required to communicate the rights of persons served in a manner that is meaningful to the person, and to investigate potential violations of rights (*Waiver Manuals, CARF Section 1.D.3.*)

2. Survey Process

Surveyors review the written summary of rights provided to persons served and their families and interview persons served and families to determine if there are any concerns with rights violations. Surveyors also interview provider staff to assess staff knowledge of rights. Services are observed to determine if there are any observable violations of rights.

3. Results of Review of LCD's Rights of Persons Served

LCD's policy was reviewed and does include information on rights of persons served. In addition, a summary of rights is available in the policy and in the client handbook. No concerns about rights were voiced during interviews with the participants or families.

It is clearly documented in staff files the staff received training on rights restrictions of persons served. Four out of five staff interviewed were able to articulate the specific rights restrictions of the participant they were working with.

Recommendations:

- None.

F. REVIEW OF COMPLAINT/GRIEVANCE POLICY

1. Applicable Standards

Providers' complaint/grievance policy should include efforts to resolve complaints, a procedure on how the process is explained to persons served, timeframes for resolving complaint, and how the results of the investigation into a complaint are communicated to persons served. (*CARF Section 1.D.4 & 5.*)

2. Survey Process

Surveyors review the provider's written complaint/grievance procedure to assure it meets the requirements. Persons served, families and staff members are interviewed to determine if they are aware of the complaint/grievance policy.

3. Results of Review of LCD's Complaint/Grievance Policy

LCD's grievance policy is included in the policies and client handbook. The policy includes appropriate elements but does not include the time reference for a required response by the provider. The policy does not include that the organization will notify the individual in writing of the actions the organization is planning to take to address the complaint nor the outcome of the procedure in writing.

Recommendations:

- It is recommended LCD include timeframes for all steps of the complaint and grievance policy. This also must include written documentation after each step be given to the person filing a complaint or grievance. This will be checked at next year's site survey.

G. DOCUMENTATION OF EMERGENCY DRILLS AND INSPECTIONS

1. Applicable Standards

CARF accredited providers are required to have written emergency plans for fires, bomb threats, natural disasters, power failures, medical emergencies and safety during violent or other threatening situations and that these plans be tested. Providers are also required to obtain an external inspection from an outside authority annually, and to complete internal self-inspections twice a year. (*CARF Section 1.E.1 & 2*) The Centers for Medicare and Medicaid Services requires that the safety and security of the participant's living arrangement is assessed, risk factors are identified and

modifications are offered to promote independence and safety in the home. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies (*CMS HCBS Quality Framework*).

2. Survey Process

Surveyors review documentation of emergency drills and inspections for a sample of service settings owned or operated by the organization. The review includes assuring that the drills and inspections are completed, that there is documentation of concerns when appropriate, and that follow-up on concerns is completed. Surveyors also interview persons served and staff members to assure that they are aware of the appropriate evacuation/drill procedures and visit service settings to assure there are no significant health or safety concerns at the service sites.

3. Results of Review of LCD's Emergency Drills and Inspections

LCD had five of five external inspections documented, of which all had identifiable concerns. However, none of the five had documented follow-up. Five of five locations had internal inspections completed, which eight of eight of these had identified concerns. However, only three of the eight had documented follow-up. Whether the identified concerns during an inspection be very small or significant health and safety issues, all must be followed-up with appropriate documentation showing how they were resolved.

Recommendations:

- It is recommended that LCD follow-up on all external and internal inspections with documentation they have been completed. Documentation of this will be sent to the lead surveyor at the Division by January 15, 2007.

H. PROGRESS MADE ON DDD'S RECOMMENDATIONS FROM THE PREVIOUS SURVEY

Previous DDD Recommendations:

- All recommendations have appropriate follow-up *except* that all releases be time limited.

Update:

- It is again recommended that all releases be time limited.

I. PROGRESS MADE ON CARF'S RECOMMENDATIONS FROM THE PREVIOUS SURVEY

Previous CARF Recommendations:

- DDD has no follow-up recommendations based on current CARF recommendations.

Suggestions:

- The Division is suggesting that LCD complete all of CARF's suggestions. CARF's suggestions overlap with the Division's on LCD's grievance policy and the maintenance of LCD vehicles including fire extinguishers being secured in all vehicles.

J. RESULTS OF OBSERVATION OF SERVICES AND SUPPORTS

Surveyors had nine client observation contacts, conducted eleven client interviews and seven staff interviews. Surveyors completed on-site visits to different service settings. Surveyors found in day habilitation that participants were involved in meaningful activities. The interaction between staff and participants were appropriate and many appeared to be sincere and heartfelt. Surveyors visited participants at their homes, observing residential habilitation. There were no concerns with the interaction with staff and participants in the homes. However, there were a number of issues noted by survey staff with the physicality of the various homes. LCD has the practice of locking all stored

foods in cabinets and refrigerators in most of the homes. This includes homes where not every participant needs nor has a food restriction. At the Ahrens home there is no egress in the basement where participants use the laundry. At the Carla home there was a rota-tiller and unlocked storage shed in the back. Also, at the Carla home was seven inches of a metal conduit pipe sticking out of the grass on the southeast side of the yard, which is a trip and safety hazard. In front of the respite service on Ridge, the concrete step has come loose and is a trip hazard. The Ridge property was also recently vandalized and needs to replace a broken window for the respite service. At the Ridge property carbon monoxide detectors need to be installed in all service areas. The respite area needs a smoke detector. In the day habilitation area the storage room was unlocked giving access to all participants, which is a health and safety concern. It is suggested LCD keep an eye on the tile in the back day hab area as it may quickly become a trip hazard. All of the repairs that are scheduled for the Mynear property need to be finished in a timely manner. It was found at the Mynear home that a participant's window was very drafty and unable to be properly locked and sealed from the elements. At the Ridge home, it is suggested that LCD keep an eye on the broken glass on the gas fire place, as it could potentially be a safety hazard.

In addition to the observations noted above, surveyors also completed vehicle checks to assure that vehicles used to transport persons served had current vehicle tags, registration, emergency and safety equipment, and that the vehicles appeared to be in working order. The GMC white van at the day habilitation was found to have a bald right front tire. It also did not have a functioning left front blinker light. None of the vehicles, per LCD report, contained a secured fire extinguisher nor written emergency plans, which survey staff confirmed for the GMC van.

Recommendations:

- It is recommended that LCD verify that all participants' IPC's contain and also have the need for food restrictions for all homes with locked food; or preferably that LCD find a new solution to have the appropriate food restrictions for those mandating it while not restricting those that do not. Documentation of this resolution must be sent to the lead surveyor at the Division by January 15, 2007.
- It is recommended that at the Ahrens home participants do not enter the basement without egress. If LCD constructs egress then Program Integrity at the Division will need to do a walk-thru upon its completion. Documentation of this will be sent to the lead surveyor at the Division by January 15, 2007.
- It is recommended that all service areas have a functioning smoke and carbon monoxide detector. Documentation that this has been completed will be sent to the lead surveyor at the Division by January 15, 2007.
- It is recommended that all physical improvements and repairs for all other service areas, as stated above, be completed and documentation sent to the lead surveyor at the Division by January 15, 2007.
- It is recommended that the repairs to the GMC van be completed and documentation sent to the Division by January 15, 2007.

Lead Surveyor _____ Date _____